



Meningococcal Vaccines Session

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Chair, Meningococcal Work Group

Advisory Committee on Immunization Practices

February 22, 2017

Meningococcal Work Group Activities

- Reviewing newly available data for MenB vaccines
 - Antibody persistence and response to a booster dose
- Considering booster doses of MenB vaccine for persons at increased risk
- Update on Menomune (MPSV4)

Policy Option: Booster doses of MenB vaccine for persons at increased risk

- Booster doses of MenB vaccine should be administered every 5 years throughout life to persons aged ≥ 10 years in each of the following groups:
 - Persons with persistent complement component deficiencies including persons taking eculizumab
 - Persons with anatomic or functional asplenia
 - Microbiologists routinely exposed to isolates of *Neisseria meningitidis* (as long as exposure continues)
- Booster doses of MenB vaccine should be administered to persons identified as at increased risk because of a serogroup B meningococcal disease outbreak if it has been ≥ 6 months since their last MenB dose
 - When multi-year or prolonged outbreaks occur, CDC should be consulted and recommendations for additional booster doses will be considered on a case-by-case basis

Agenda

- Considerations for MenB Booster Doses in Groups at Increased Risk for Serogroup B Meningococcal Disease
 - Jessica MacNeil (CDC/NCIRD)
- Update on the Epidemiology of Meningococcal Disease and Guidance for the Control of Meningococcal Disease Outbreaks in the United States
 - Sarah Meyer (CDC/NCIRD)

Update on Menomune (MPSV4)

- Meningococcal Polysaccharide Vaccine- A, C, Y, W (Menomune, MPSV4)
- Sanofi Pasteur is discontinuing production and supply of Menomune in the United States
- Last remaining lots will expire in June-September 2017
- Letters to health care providers sent on February 8, 2017

Updated Guidance for Use of Meningococcal Vaccines in Persons Aged ≥ 56 Years

- Meningococcal vaccines that are licensed for use in persons aged ≥ 56 years are not currently available in the United States
- Persons aged ≥ 56 years who are recommended meningococcal vaccination because they are at increased risk for meningococcal disease should receive MenACWY conjugate vaccine
 - This includes, meningococcal vaccine-naïve persons aged ≥ 56 years who anticipate requiring only a single dose of meningococcal vaccine (e.g. travelers and persons at risk as a result of a community outbreak)
 - And persons who were vaccinated previously with MenACWY conjugate vaccine and are recommended for revaccination or for whom multiple doses are anticipated (e.g., persons with asplenia, HIV, and microbiologists)

Additional Work Group Activities

- Policy Note: Updated Recommendations for Use of MenB-FHbp (Trumenba[®]) Serogroup B Meningococcal Vaccine – Advisory Committee on Immunization Practices, 2016

Work Group Members

ACIP Members

- David Stephens (Chair)
- Kelly Moore

Ex Officio Members

- Lucia Lee (FDA)
- Anuja Rastogi (FDA)
- Margaret Yacovone (DOD)

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Consultants

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- Richard Clover
- Kathleen Harriman
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

